



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5-28-16 Ending Date: 6-30-16

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Nancy A. Mackenzie
Candidate Full Name (if applicable)

Walpole, Ma
Office Sought and District

96 Pine St. Walpole, Ma 02081
Residential Address

Telephone Number (optional): _____

Committee to Elect Nancy Mackenzie
Committee Name

Richard J. Sullivan
Name of Committee Treasurer

P.O. Box 187 - Walpole, Ma 02081
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report \$ 1737.34

Line 2: Total receipts this period (page 3, line 11) \$ 1050.00

Line 3: Subtotal (line 1 plus line 2) \$ 2787.34

Line 4: Total expenditures this period (page 5, line 14) \$ 2377.42

Line 5: Ending Balance (line 3 minus line 4) 409.92

Line 6: Total in-kind contributions this period (page 6) 1050-

Line 7: Total (all) outstanding liabilities (page 7) 0

Line 8: Name of bank(s) used: Dedham Savings - Walpole, Ma

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Richard J. Sullivan (Treasurer's signature) Date: 6-27-16

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature)

Date: 6/26/2016

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5-30-16	Clemon, Andrew 16 Mill Pond Rd Walpole, MA 02082	\$250 - CASH	Green Stamp Co Bldg Analyst
5-30-16	Clemon, Karen 16 Mill Pond Rd Walpole, MA 02081	\$250 - CASH	Homemaker
6-11-16	LARUSSO, AJ 160 Elm St Walpole, MA 02081	\$300 OK-	Larosa Heavy Equipment Vice President
5-28-16	O'Neil, Nancy 3 Foxhill Tr. Walpole, MA	100 CASH	
5-28-16	O'Neil, James 3 Foxhill Trail Walpole, MA 02081	150 CASH	
Line 9: Total Receipts over \$50 (or listed above)		1050	<div style="transform: rotate(180deg);"> RECEIVED TOWN OF WALPOLE 16 JUN 27 AM 11:25 </div>
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1050	

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

[illegible]

RECEIVED
16 JUN 27 AM 11:25
TOWN OF WALPOLE
TOWN CLERK

Enter on page 1, line 4 →

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under* (not listed above)

Line 14: TOTAL EXPENDITURES IN THE PERIOD

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	See Pg 2			
<div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> <p>* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.</p> </div> <div style="width: 55%;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Line 15: In-Kind Contributions over \$50 (or listed above)</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Line 16: In-Kind Contributions \$50 & under (not listed above)</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Line 17: TOTAL IN-KIND CONTRIBUTIONS</div> </div> </div>				

Enter on page 1, line 6 →

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
<div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> <p>Enter on page 1, line 7 →</p> </div> <div style="width: 55%;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</div> </div> </div>				



Commonwealth
of Massachusetts

Form CPF R 1 : Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Nancy Mackenzie
Committee Name: Committee to Elect Nancy Mackenzie CPF ID #: 26-4787528
Amount of Reimbursement: \$427.57
Date of Reimbursement: 5-26-16 ck# 109

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
6-26-16	RAVENS NEST 988 MAIN ST - Walpole, MA	Past Election Day Party For Campaign Volunteers + Workers	\$427	57
Expenditures in excess of \$50 (listed above)			427	57
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			427	57

Signed under the penalties of perjury:
JUN 27 2016
TOWN OF WALPOLE
TOWN CLERK

[Signature]
Signature of Candidate/Treasurer

6-26-16
Date

Please use a separate sheet for each reimbursement check issued.